



# **WEST BRUNSWICK HIGH SCHOOL FOOTBALL CAMPS**

**INSTRUCTION FROM HIGH SCHOOL COACHES**

**WHEN: JULY 25-27, 2011**

**TIME: 6-8 P.M.**

**AGES: 8-14**

**COST: \$30.00**



**ALL POSITION CAMP & QUARTERBACKS / WIDE-RECEIVER CAMP**

# **TO REGISTER**



**MAIL REGISTRATIONS & FEE TO:**  
**WEST BRUNSWICK HIGH SCHOOL**  
**C/O COACH FLETCHER**  
**550 WHITEVILLE ROAD NW**  
**SHALLOTTE, NORTH CAROLINA 28470**  
**REGISTRATION FORM ON BACK**



**REGISTRATIONS CAN BE TAKEN DURING THE SUMMER AT:**

**WEST BRUNSWICK HIGH SCHOOL**

**MONDAY - THURSDAY**

**8a.m. - 3p.m.**

**COSPONSORED BY THE BRUNSWICK COUNTY PARKS & RECREATION**

# WEST BRUNSWICK HIGH SCHOOL TROJANS SUMMER FOOTBALL CAMP

**NAME:**

(Last)

(First)

(Middle)

**MAILING ADDRESS:**

(Street or P.O. Box)

(City)

(State)

(Zip)

**AGE:**

**BIRTHDATE:**

(Month / Day / Year)

**HEIGHT:**

**WEIGHT:**

**PHONE:**

( )

**EMERGENCY:**

( )

**EMAIL:**

@

**HIGH SCHOOL DISTRICT:**

**BRUNSWICK HIGH SCHOOL**

**SCHOOL ATTENDING:**

**GRADE:**

**PLEASE NOTE ANY PHYSICAL LIMITATIONS OR MEDICATIONS THAT MAY LIMIT PARTICIPATION:**

**AS A PARENT OR GUARDIAN, I GIVE MY CONSENT FOR THE ABOVE NAMED TO PARTICIPATE IN THIS ACTIVITY. I THEREFORE RELEASE BRUNSWICK COUNTY, BRUNSWICK COUNTY SCHOOLS, WEST BRUNSWICK HIGH SCHOOL, EMPLOYEES OR AGENTS FROM ANY AND ALL LIABILITY AND RESPONSIBILITY FOR ANY ILLNESS, INJURY, ACCIDENTAL DEATH OR DAMAGE TO PERSONAL PROPERTY SUSTAINED IN THE ABOVE ACTIVITY.**

**Parent or Guardian Signature**

**Date:**

**Fee: \$30.00**

**Cash:**

**Check:**

**Check #:**

**Date:**

**Receipt#:**

**MAIL TO:  
W.B.H.S. FOOTBALL CAMP  
C/O COACH FLETCHER  
550 WHITEVILLE ROAD NW  
SHALLOTTE, NORTH CAROLINA 28470**